



Southern Ontario College of Osteopathy

DOMP Program Application Form

1. Personal Information:

First Name	Last Name	Middle Initial
Street Address		
City	Province	Postal Code

Contact Information:

Home Number ()	-	Cell Number ()	-
Work Number ()	-	Fax Number ()	-
Email:			

2. Educational Background:

College or University Name	City & Province	Degree Earned	Date of Graduation
College or University Name	City & Province	Degree Earned	Date of Graduation
College or University Name	City & Province	Degree Earned	Date of Graduation

3. Health Care Practitioner Background:

Practitioner Title _____ Type of License Held _____

*If several titles please attach list on separate sheet.

- a. Number of years the license has been maintained: _____
- b. Do you currently practice in this field? _____
- c. If so, what type of practice setting do you practice in? _____
- d. Is your practice setting a (please choose one): _____
- e. If you are not currently practicing, please explain why: _____
- f. Do you specialize in any type of treatment? _____
- g. What is your strength as a practitioner? _____
- h. What do you feel you can improve in your practice? _____

4. Please state your reason for pursuing this program:

5. By dating this document I agree that the information I have provided above is accurate to the best of my knowledge.

Date: _____

6. Please save this document as “read only” if submitting your application electronically.

Thank you for your application. We look forward to reviewing it.

Southern Ontario College of Osteopathy
1020 Johnson's Lane, Unit A6
Mississauga, Ontario, L5J 2P7
PH: 905-916-SOCO (7626)
FX: 905-855-0986
W: www.clinicalosteopathy.com
E: info@clinicalosteopathy.com